**\*\*\*If you are filing under a business without an EIN then you must file under SSN, please fill out the information below, and reach out if you have any questions or concerns.\*\*\*  
BUSINESS WITH SSN CREDIT CHECK FORM:**

SSN Number: click/tap here to enter text  
Name on SSN: click/tap here to enter text  
Business Name: click/tap here to enter text  
Billing Address: click/tap here to enter text  
Driver’s License Number: click/tap here to enter text  
Date of Birth: click/tap here to enter text  
PIN number (6-12 digits): click/tap here to enter text

Point of Contact Phone Number: click/tap here to enter text  
Email Address: click/tap here to enter text  
Main Account User’s Name (if different from SSN): click/tap here to enter text

**\*\*\*For representative to fill out\*\*\***

BAN: click/tap here to enter text

Credit limit given: click/tap here to enter text

Line amount(s): click/tap here to enter text

HIS: click/tap here to enter text

Voice: click/tap here to enter text

Tablets/added devices: click/tap here to enter text

A close-up of a business card

Description automatically generated